FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

• PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000002753 (2)**

1. Corporation Name
HUMANA MILITARY HEALTHCARE SERVICES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 740026 LOUISVILLE KY 40201-7426	P.O. BOX 740026 LOUISVILLE KY 40201-7426

3. Date Incorporated or Qualified: **06/15/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **61-1241225** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business
21 ____
Suite, Apt. #, etc.
22 ____
City & State
23 ____
Zip 24 ____ Country 25 ____

2a. Mailing Address
26 ____
Suite, Apt. #, etc.
27 ____
City & State
28 ____
Zip 29 ____ Country 30 ____

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ____ DATE ____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
PD	SMITH, WAYNE T	500 WEST MAIN STREET	LOUISVILLE KY 40202	☐ DELETE
S	KROGER, JOAN O	500 WEST MAIN STREET	LOUISVILLE KY 40202	☐ DELETE
VT	DOUCETTE, JAMES W	500 WEST MAIN STREET	LOUISVILLE KY 40202	☐ DELETE
VD	GARMON, PHILIP B	500 WEST MAIN STREET	LOUISVILLE KY 40202	☐ DELETE
VD	CASH, W. LARRY	500 WEST MAIN STREET	LOUISVILLE KY 40202	☐ DELETE
V	BAUERNFEIND, GEORGE	500 WEST MAIN STREET	LOUISVILLE KY 40202	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	600001817636 -05/13/96--01014--007 ***200.00	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DEB 5-1-96	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George Bauernfeind — VP-Taxes — APR 29 1996 — (502) 580-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #